

# **Texas Department of State Health Services Standing Delegation Orders for Tuberculosis Sputum Collection Services Provided by Authorized Staff, Fiscal Year 2025**

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The purpose of this document is to provide authority for specific acts of tuberculosis (TB) sputum collection services described by the TB and Hansen’s Disease Unit and under the authority of Rule Title 22, Texas Administrative Code §193.2, Standing Delegation Orders.

Standing delegation orders (SDOs) and standing medical orders (SMOs) are written instructions, orders, rules, regulations or procedures prepared by a physician. SDOs provide authority and a plan for use with patients presenting themselves prior to being examined or evaluated by a physician. SMOs provide authority and direction for the performance of certain prescribed acts for patients which have been examined or evaluated by a physician. SDOs and SMOs are distinct from specific orders written for a particular patient.

The intended audience for these orders is authorized staff working in local health department TB programs and in Texas Department of State Health Services (DSHS) Public Health Regions.

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**Standing Delegation Orders**

**A. Definitions**

1. Authorized Staff: an employee or contractor of the Texas Department of State Health Services who has met the requirements of and signed this SDO.
2. Authorizing Physician: a physician licensed by the Texas Medical Board who executes this SDO.

**B. Method Used for Development, Approval and Revision**

This SDO and the relevant attachments shall be:

1. Developed by the TB SDO Revision Workgroup and the TB and Hansen's Disease Unit.
2. Reviewed and signed at least annually by the authorizing physician.
3. Revised as necessary by the DSHS Infectious Diseases Medical Officer, the Regional Medical Directors, and/or the TB and Hansen's Disease Unit.

**C. Level of Experience, Training, Competence, and Education Required**

To carry out acts under this SDO, authorized staff must:

1. Be an employee or contractor of the Texas Department of State Health Services.
2. Have reviewed, are familiar with, and able to readily access the recommendations within the local TB policies and procedures relevant to TB sputum specimen collection, packaging, and shipping.
3. Have undergone an initial or continuing evaluation of competence relevant to TB sputum collection services within 12 months prior to signing and providing TB sputum collection services under this SDO:
  - Initial evaluation of competence is performed by the authorizing physician, the staff's supervisor, or clinical designee and consists of education and skills training, as approved by the TB program manager.

The authorized staff must receive an initial evaluation by the authorizing physician, the staff's supervisor, or clinical designee that documents the staff's ability to carry out these orders in the customary manner. This training and evaluation of competence must occur before TB sputum collection services are independently provided by the staff.

- Continuing evaluation of competence is performed annually by the authorizing physician, the staff's supervisor, or clinical designee that documents the staff's ability to carry out these orders in the customary manner.
4. Have reviewed and signed this SDO, **ATTACHMENT 1: Attestation of Authorized Staff**, within 12 months prior to providing services under this

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SDO.

**D. Method of Maintaining a Written Record of Authorized Staff**

A record of the authorized staff who completes the required training and demonstrates competence shall be documented and maintained by the staff's supervisor in the local health department office.

**E. Authorized Delegated Acts**

Authorized staff may provide TB sputum collection services under this SDO to clients who are undergoing evaluation for TB disease or TB infection or are a contact to a confirmed or suspected TB disease case.

It is the intent of all parties that the acts performed under this SDO shall be in compliance with the Texas Medical Practice Act, the Texas Nursing Practice Act, and the rules promulgated under those Acts.

**F. Procedures and Requirements to be Followed by Authorized Staff**

1. Adhere to all Standard Precautions, including bloodborne and respiratory precautions, when participating in TB sputum collection procedures.
2. Utilize interpreter services to facilitate client and staff communication as it relates to limited English proficient (LEP) clients.
3. Verify the client meets criteria for TB sputum collection.
4. Ensure, to the extent possible, that the client seen for TB sputum collection services is, in fact, who the person claims to be.
5. Ensure that the client's consent and signature have been obtained by the nurse responsible for the clinical management of the client. If consent and signature has not been obtained, then obtain consent and signature in accordance with agency policy and provide copies of the **DSHS Privacy Notice** and applicable signed consent forms.
  - **DSHS General Consent and Disclosure** (L-36), available at:  
[www.dshs.state.tx.us/rls/pubs/GeneralConsentForm042010.pdf](http://www.dshs.state.tx.us/rls/pubs/GeneralConsentForm042010.pdf)
  - **DSHS Privacy Notice**, available at:  
<http://www.dshs.state.tx.us/hipaa/privacynotices.shtm>
6. Explain the TB sputum collection process. Discuss with the client the risks and benefits of sputum collection. Provide the opportunity for the client to ask questions. If the client has questions you cannot answer, contact the nurse responsible for the clinical management of the client for instructions.
7. **Gather the required supplies and prepare to collect the sputum sample:**
  - a. Label innermost tube with patient name and date of birth before obtaining TB sputum specimen and before giving container(s) to the client for home

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sample collection.

Provide the following instructions to the client:

- Rinse mouth well with water to avoid contamination with food particles and mouth bacteria. Ideally, TB sputum specimen collection should occur before eating.
  - Inhale deeply two to three times, breathe out hard each time.
  - Cough deeply from the chest. A deeply coughed specimen is required (not saliva or nasal secretions).
  - Place the open container close to the mouth to collect the TB sputum specimen. The ideal specimen size is 5 to 10 mL, but 3 to 15 mL is acceptable.
  - Avoid contaminating the inside of the container and lid by contact with the mouth or hand.
  - Close lid tightly and place into the TB sputum specimen bag.
  - If client will collect TB sputum specimens at home, instruct client to store the TB sputum specimen(s) in a refrigerator until specimens are transported to clinic as soon as possible (or mailed on cold pack, as resources allow, directly to the laboratory).
  - If the client is unable to produce an early morning sputum, suggest that he/she stand or sit in a steamy environment for 15 minutes after running hot water in the shower, if possible.
8. Supervise at least one (ideally the first) TB sputum collection to document that the client demonstrates the correct technique.
- The first TB sputum specimen can be collected “on-the-spot” at the first client encounter.
  - Three TB sputum samples should be collected at least eight hours apart.
9. If the client is unable to produce an acceptable TB sputum specimen, follow the procedure for TB sputum induction (as outlined in **ATTACHMENT 2: Sputum Induction Procedure**), if resources are available.
10. Once a TB sputum specimen is obtained, label and correctly package the specimen, according to shipping requirements and local or regional procedures. Submit the TB sputum specimen to an approved laboratory for processing.
- TB sputum specimens must be packed in triple containment with sufficient absorbent material enclosed to absorb the entire volume of liquid. The container used *must* meet current DOT and United States Postal Service regulations.
  - Complete the lab requisition G-MYCO form.
  - If the TB sputum specimens cannot be delivered to the laboratory within 1 hour of collection, the specimens must be refrigerated. Ship the refrigerated TB sputum specimens on cold pack, as resources allow, to the laboratory as soon as possible.

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**G. Client Record-Keeping Requirements**

TB forms available at: <https://www.dshs.texas.gov/idcu/disease/tb/forms/>

Authorized staff must accurately and completely report and document each delegated act in a medical record prepared in accordance with DSHS policy and local or regional procedures, which will include:

1. Names of personnel involved in the evaluation and treatment at each visit, including the name of the interpreter (if an interpreter is used).
2. Actions carried out under these standing orders.
3. Any additional physician orders.
4. Client response(s), if any.
5. Contacts with other healthcare team members concerning significant events regarding client's status.
6. Documentation that the appropriate forms are completed and included in the medical record, if required, and copies, when applicable, are provided to the client.

**H. Scope of Supervision Required**

This SDO gives the authorized staff authority to perform the acts described in this SDO in consultation with the authorizing physician as needed.

**I. Specialized Circumstances to Immediately Communicate with the Authorizing Physician**

Specific circumstances that the authorized staff providing services under this SDO should immediately contact the authorizing physician by phone include, but are not limited to, when medical direction or consultation is needed.

In an emergency situation, the authorized staff is to call 911, provide care according to his or her skills and ability, and contact the nurse responsible for the clinical management of the client and/or the authorizing physician by phone as soon as possible.

**J. Limitations on Setting**

Authorized staff can provide services under these standing orders in the clinic setting, in the client's home, or other field settings when the authorizing physician can be contacted by phone.

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**K. Date and Signature of the Authorizing Physician**

This SDO shall become effective on the date that it is signed by the authorizing physician, below, and will remain in effect until it is either rescinded, upon a change in the authorizing physician, or at the end of business on the last day of the current DSHS fiscal year (August 31, 2025), whichever is earlier.

Authorizing Physician's Signature:

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Authorizing Physician's Title:

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Printed Name:

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Effective Date:

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Emergency Contact Information:

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**ATTACHMENT 1: *Attestation of Authorized Staff***

I, \_\_\_\_\_ have read and understand the  
printed name of authorized staff

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2025 ("SDO")* that was signed by

Dr. \_\_\_\_\_ on \_\_\_\_\_.  
printed name of authorizing physician date of authorizing physician's signature

- I agree that I meet all qualifications for authorized staff outlined in the SDO.
- I agree to follow all instructions outlined in the SDO.

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Signature of Authorized Staff

Date

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**ATTACHMENT 2: *TB Sputum Induction Procedure***

1. Obtain and assemble nebulizer tubing kit.
2. Attach one end of air tubing to compressor unit and other end to the nebulizer medication cup outlet.
3. With machine turned off, prepare the nebulizer equipment as per package instructions. Add approximately 3 mL of sterile 0.9% sodium chloride (NaCl) solution to the nebulizer medication cup.
4. Instruct client to close lips around mouthpiece and to breathe in and out slowly and deeply on the mouthpiece.
5. Turn compressor on and place mouthpiece into patient's mouth.
6. Encourage cough if no spontaneous coughing occurs.
7. Continue procedure until cough is stimulated, adding more sterile 0.9% NaCl solution as needed.
8. When a cough is stimulated, encourage its repetition several times to obtain an adequate specimen (at least 5 mL).
9. Upon completion, turn off the nebulizer.
10. Label and package the TB sputum specimen correctly and legibly. Mark lab requisition as "induced specimen".
11. Disassemble mouthpiece and disinfect nebulizer according to manufacturer instructions.